| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). | | | | Comp | lete If Knowi | |
|--|-----------------------------|-------------------|-------------------------------|------------|---------------|-----------------|
| | | | Application Number 10/077,081 | | | |
| TOTAL TOTAL | NICH ATTOT | 14.0 | Filing Date | 3 | February 1: | 5, 2002 |
| FEE TRA | NOMILL | AL | First Name | d Inventor | Michael D. | Jordan |
| For FY 2006 | | | Examiner Name Raeann Go | | rden | |
| 1011 | 2000 | | Art Unit | | 3711 | |
| TOTAL AMOUNT OF PAY | MENT (\$) | 130.00 | Attorney I | Oocket No. | B01-74 | |
| | | | | | | |
| METHOD OF PAYMENT | | | | | | |
| ✓ Deposit Account Deposit Account Number: <u>502309</u> Deposit Account Name: <u>Acushnet Company</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | |
| ✓ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee | | | | | | |
| ☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments | | | | | | |
| under 37 CFR 1.16 and 1.17 | | | | | | |
| FEE CALCULATION | | | | - | | |
| 1. BASIC FILING, SEAL | RCH, AND EXAMI | NATION F | EES | 30 | | |
| Application Type | Filing Fee (\$) | | | | | |
| ☐ Utility | 300 | | 500 | |) | Fees Paid (\$) |
| ☐ Design | 200 | 100 | | 130 | , | |
| ☐ Reissue | 300 | 500 | | 600 | | |
| ☐ Provisional | 200 | 0 | | 0 - | | |
| 2. EXCESS CLAIM FEE | ES | | | | | |
| Fee Description | | | | | | Fee (\$) |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | 50 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | 200 |
| Total Claims | | | | | - | Fee Paid (\$) |
| | - = | - 0 | × | 50 | = | 0 |
| Paid TC = the greater of 20 or h | ighest number of total clai | ims paid for | | - | | |
| Independent Claims | Paid IC | Extra Clai | ms | Fee (S) | | Fee Paid (\$) |
| | - = | 0 | . x | 200 | - | 0 |
| Paid IC = the greater of 3 or hig | hest number of independe | nt claims paid fo | or . | | | |
| 3. APPLICATION SIZE | FEE | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional | | | | | | |
| 50 sheets or fraction the | ereof. See 35 U.S.C. | 41(a)(1)(G) a | nd 37 CFR 1 | .16(s). | | |
| Total Sheets | Extra Sheets | (rou | nd up to inte | ger) F | ee (\$) | Fee Paid (S) |
| - 100 = | / | / 50 = | | × - | 250 = | |
| 4. OTHER FEES | | | | | | Fee Paid (\$) |
| Statutory Disclaimer \$130 | | | | | | 130 |
| Click to select | | | | | | |
| | | | | | | |
| SUBMITTED BY | | | - | | | |
| Signature | - Que | | Registration | No. 43.583 | Telephor | ne 508-979-3015 |

Date 6[14]06

Name

Kristin D. Wheeler